* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1447-00

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 28-18037

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1. Deceased—Name (First, Middle, Last)	William C. Huber, Jr.
2. Sex	Male
3a. Time of Death	5:35pm
3b. Date of Death (Month, Day, Yr)	June 15, 2000
4. *Social Security Number	316-24-9633
5a. Age—Last Birthday (Years)	71
5b. Under 1 Year (Months/Days)	
5c. Under 1 Day (Hours/Minutes)	
6. Date of Birth (Mo, Day, Yr)	April 6, 1929
7. Birthplace (City and State or Foreign Country)	East Chicago, Indiana
8a. Was Decedent a U.S. Veteran?	No
8b. Year Last Served in U.S. Armed Forces?	None
9a. Place of Death (Check only one)	Other: Residence
9b. Facility Name (If not institution, give street and number)	705 Broadmoor Ave.
9c. City, Town, or Location of Death	Munster
9d. County of Death	Lake
10. Marital Status	Married
11. Surviving Spouse (If wife, give maiden name)	Irene G. Miller
12a. Decedent's Usual Occupation	Embalmer & Funeral Director
12b. Kind of Business/Industry	Funeral
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	Munster
13d. Street and Number	705 Broadmoor Ave.
13e. Zip Code	46321
13f. Inside City Limits	Yes
13g. On a Farm?	No
14. Citizen of What Country?	U.S.A.
15. Was Decedent of Hispanic Origin?	No
16. Race	White
17. Decedent's Education (Elementary/Secondary 0-12)	12th Grade
17. Decedent's Education (College 1-4 or 5+)	1 Year

PARENTS

Field	Value
18. Father's Name (First, Middle, Last)	William C. Huber, Sr.
19. Mother's Name (First, Middle, Maiden Surname)	Catherine Lesniak

INFORMANT

Field	Value
20a. Informant's Name (Type/Print)	Mrs. Irene G. Huber
20b. Mailing Address	705 Broadmoor Ave., Munster, Indiana 46321
20c. Relationship	Wife

DISPOSITION

Field	Value
21a. Method of Disposition	Burial
21b. Date and Place of Disposition	June 20, 2000 Chapel Lawn Memorial Gardens
21c. Location—City or Town, State	Schererville, Ind.
22a. Embalmer's Name	E. Eugene Johnson
22b. Embalmer's License No.	FDO-1044968
23. Was Death Reported to Coroner?	No
24a. Signature of Funeral Director	E. Eugene Johnson
24b. License Number (of Licensee)	FDO-1044968
25. Name, Address, and License Number of Funeral Home	Huber's Funeral Home-FDH-3001538 905 W. Chicago Ave. East Chgo. In

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Hepatic Failure

DUE TO (OR AS A CONSEQUENCE OF)

b. Hepatic Cirrhosis

DUE TO (OR AS A CONSEQUENCE OF)

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

Field	Value
27. Was Decedent Pregnant or 90 Days Postpartum? (Yes or no)	No
28a. Was an Autopsy Performed? (Yes or no)	No
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no)	No

FILED AUG 21 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

CERTIFIER

29a. Certifier (Check only one)

- [x] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated
- [ ] HEALTH OFFICER On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) as stated
- [ ] CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

Field	Value
29b. Signature and Title of Certifier	David Herbstman MD
29c. Medical License No.	01035091
29d. Date Signed (Month, Day, Year)	6/19/00
30. Name and Address of Person Who Completed Cause of Death (Item 26)	David Herbstman MD 701 Superior Suite G Munster Indiana 46321

HEALTH OFFICER

Field	Value
31. Health Officer's Signature	Alexander S. Williams, MD
32. Date Filed (Month, Day, Year)	Jun 21, 2000

33. Manner of Death: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

34a. Date of Injury (Month, Day, Year)
34b. Time of Injury
34c. Injury at Work? (Yes or no)
34d. Describe How Injury Occurred
34e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)
34f. Location (Street and Number or Rural Route Number, City or Town, State)
34g. Date Pronounced Dead (Month, Day, Year)
34h. Motor Vehicle Accident? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

THIS CERTIFIES THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

JUN 21 2000 01111

Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER

9.00

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

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